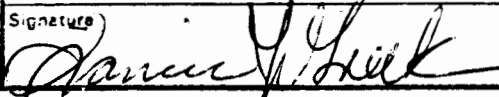


ID — For Official Use Only																	
C										T/A		C					
W												1					
IX. Description of Hazardous Wastes (continued from front)																	
A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.																	
1 F 0 0 1			2 F 0 0 2			3 F 0 0 3			4 F 0 0 4			5 F 0 0 5			6		
7			8			9			10			11			12		
B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.																	
13			14			15			16			17			18		
19			20			21			22			23			24		
25			26			27			28			29			30		
C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.																	
31 U 1 6 9			32 U 1 9 6			33 U 1 0 5			34 U 1 4 7			35 U 0 1 2			36 U 1 3 4		
37 U 2 2 3			38 U 1 0 7			39 U 1 2 2			40			41			42		
43			44			45			46			47			48		
D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.																	
49			50			51			52			53			54		
E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)																	
<input checked="" type="checkbox"/> 1. Ignitable (D001)				<input checked="" type="checkbox"/> 2. Corrosive (D002)				<input checked="" type="checkbox"/> 3. Reactive (D003)				<input checked="" type="checkbox"/> 4. Toxic (D000)					
X. Certification																	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																	
Signature 						Name and Official Title (type or print) Francis J. Greek Manager, Facility Services						Date Signed 11/34/86					

EPA Form 8700-12 (Rev. 11-25) Reverse

BILLING CODE 6560-50-C

ARCO Chemical Company
3801 West Chester Pike
Newtown Square, Pennsylvania 19073
Telephone 215 359 2013



F. J. Greek
Manager, Facility Services

January 23, 1986

Commonwealth of Pennsylvania
Department of Environmental Resources
Bureau of Solid Waste Management
P.O. Box 2063
Harrisburg, PA 17120

Dear Sir:

RE: Notification of Waste Fuel Activities

Attached is our notification form required by 40 CFR 266.34(e) covering our waste fuel activities.

We have also used this opportunity to update the description of wastes that are generated at our facility.

Very truly yours,

Francis J. Greek

lmm

Attachment

cc: Mr. Wayne L. Lynn
Regional Solid Waste Manager
Commonwealth of Pennsylvania
Department of Environmental Resources
1875 New Hope Street
Norristown, PA 19401

U.S. Environmental Protection Agency
RCRA Administrator Branch
Region III
6th and Walnut Street
Philadelphia, PA 19106

RECEIVED
PA SECTION

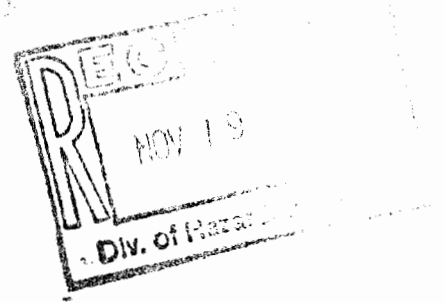
JAN 24 1986

EPA, R3

ARCO Chemical Company
3801 West Chester Pike
Newtown Square, Pennsylvania 19073
Telephone 215 359 2000

November 15, 1982

Commonwealth of Pennsylvania
Department of Environmental Resources
Bureau of Solid Waste Management
P.O. Box 2063
Harrisburg, Pennsylvania 17120



SUBJECT: Notification of Reuse/Recycle/Reclaiming
Activity PAD 046 538 211

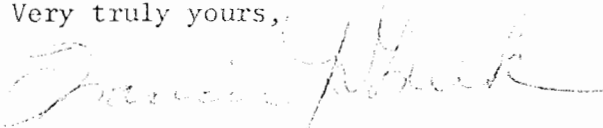
Dear Sir:

As specified by Section 75.261 (e) (1) of the Pennsylvania Department of Environmental Resources Regulations, attached is our "Notification of Hazardous Waste Activity." This form is being submitted to notify the Department of Environmental Resources of hazardous waste reuse/recycle/reclamation activities that we plan to conduct at this facility; our initial notification was submitted to the U.S. Environmental Protection Agency on July 25, 1980.

This notification pertains to our use of certain waste solvent streams (Waste Code D 001) as fuel for generation of steam in our boiler house. Section 75.254 (w) (6) specifies that air quality plan approval be obtained. Boiler Permits Nos. 23-302-076, 23-302-078 and 23-302-079 were issued by the Department of Environmental Resources based on applications that identified use of solvents as supplementary fuel.

Please contact me at (215) 359-2013 if you have any questions regarding our submittal.

Very truly yours,


Francis J. Greek
Manager, Facility Services

FJG/pb

attach: (1)

*file re-
Power*

BUREAU OF SOLID WASTE MANAGEMENT
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

SWM-53: Rev. 3/82

INSTALLATION'S EPA I.D. NUMBER

1 D 0 4 6 5 3 8 2 1 1

NAME OF INSTALLATION

ARCO Chemical Company

INSTALLATION MAILING ADDRESS

STREET OR P. O. BOX

3801 West Chester Pike

CITY OR TOWN

Newtown Square

ST.

ZIP CODE

Pa 19073

LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

MUNICIPALITY

3801 West Chester Pike

Newtown

CITY OR TOWN

ST.

ZIP CODE

COUNTY

Newtown Square

Pa

19073

Delaware

INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

Greek, Francis, J., Manager, Facility Services

2 1 5 3 5 9 2 0 1 3

OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

ARCO Chemical Company, Division of Atlantic Richfield Company

B. TYPE OF OWNERSHIP

(enter the appropriate letter into box)

F = FEDERAL M = NON-FEDERAL

M

SIC CODES (4-digit in order of priority)

A. FIRST

C. THIRD

6 0 (specify) Organic Chemicals

2 8 6 9 (specify) Industrial Organic Chemicals

B. SECOND

D. FOURTH

2 1 (specify) Plastics and Synthetics

(specify)

TYPE OF HAZARDOUS WASTE ACTIVITY

A. GENERATION



C. STORE



E. TRANSPORTATION
(COMPLETE ITEM IX)



G. REUSE, RECYCLE, RECLAIM

B. TREAT



D. DISPOSE

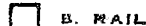


F. PERMIT BY RULE



H. OTHER (specify):

X MODE OF TRANSPORTATION (transporters only)



EXISTING ENVIRONMENTAL PROGRAM PERMITS

NPDES (Discharges to Surface Water)

D. PSD (Air Emissions from Proposed Sources)

UIC (Underground Injection of Fluids)

E. SOLID WASTE

C. RCRA (Hazardous Wastes)

F. OTHER

(specify)

See attached list

TYPE OF NOTIFICATION

Mark "X" in appropriate box to indicate whether this is your installation's first notification of hazardous waste activity, or notification of a change of general information, hazardous waste handled, or hazardous waste activity. If you check B, C, D, E, or F, attach a letter of explanation (SEE INSTRUCTIONS).

A. FIRST NOTIFICATION



C. DELETION OF A WASTE



E. DELETION OF AN ACTIVITY

B. CHANGE OF GENERAL INFORMATION



D. ADDITION OF A WASTE



F. ADDITION OF AN ACTIVITY

CONTINUE ON REVERSE

XII DESCRIPTION OF HAZARDOUS WASTES (Continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(2) for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 4	2 F 0 0 5	3	4	5	6
7	8	9	10	11	12

HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from §75.261(h)(3) each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from §75.261(h)(4) for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 1 6 9	32 U 1 9 6	33 U 1 0 5	34 U 1 4 7	35 U 0 1 2	36
37	38	39	40	41	42
43	44	45	46	47	48

CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See §75.261(g)(2) through (5))

☒ 1. IGNITABLE

☒ 2. CORROSIVE

☒ 3. REACTIVE

☒ 4. EP TOXIC

(SEE NOTE BELOW)

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME and OFFICIAL TITLE (Type or Print)

DATE SIGNED

Dr. J.E. Connor, Jr.
Vice President, Research

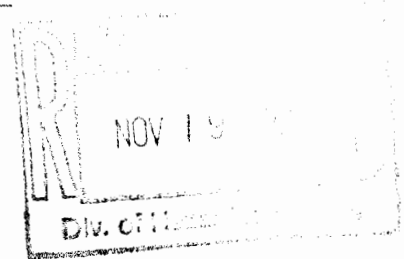
12/15/90

FOR OFFICIAL USE ONLY

NOTE: This is a laboratory operation and may occasionally discard small quantities of commercial chemicals listed in Section 75.261 (g) (4) (i).

RESPONSE TO QUESTION X
EXISTING ENVIRONMENTAL PERMITS

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES



Bureau of Air Quality and Noise Control

Permits issued in accordance with the Pennsylvania Air Pollution Control Act and with Chapter 127 of the rules and regulations of the Department of Environmental Resources:

<u>PLAN APPROVAL NO.</u>	<u>SOURCE</u>
23-302-076	Watertube Boiler No. 1
23-302-078	Watertube Boiler No. 2
23-302-079	Watertube Boiler No. 3
23-301-086	Solid Waste Incinerator

Division of Solid Waste Management

Permit issued in accordance with Section 7 of Pennsylvania Solid Waste Management Act:

<u>PERMIT NO.</u>	<u>FACILITY</u>
400401	Solid Waste Incinerator

Bureau of Water Quality Management

Permit issued in accordance with Pennsylvania Clean Streams Law and Water Obstruction Act:

<u>PERMIT NO.</u>	<u>TYPE</u>
2378801	Erosion and Sedimentation Control Permit

DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY

Wastewater discharge permit:

<u>PERMIT NO.</u>	<u>TYPE</u>
47-1	Discharge to POTW

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 4 23 - 26	2 F 0 0 5 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

<input checked="" type="checkbox"/> 1. IGNITABLE (0001) (See Note Below)	<input checked="" type="checkbox"/> 2. CORROSIVE (0002)	<input checked="" type="checkbox"/> 3. REACTIVE (0003)	<input checked="" type="checkbox"/> 4. TOXIC (0004)
---	--	---	--

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE John C. Reid	NAME & OFFICIAL TITLE (type or print) John C. Reid Manager Administrative Services	DATE SIGNED 7-25-80
---------------------------	--	------------------------

EPA Form 8700-12 (6-80) REVERSE

NOTE: This is a laboratory operation and may occasionally discard small quantities of commercial chemicals listed in Section 261.33.



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PAT 00 060 7770

INSTALLATION ADDRESS

Mr. Francis Greck
Arco Chemical Co Research & Eng. Ctr.
3801 West Chester Pike
Newtown Square, PA 19073

3801 West Chester Pike
Newtown Square, PA 19073

Not a transporter. Add waste codes,
See attached sheet GERJ

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1P1A1D1014161513181211111 Date: _____

FACILITY NAME Arco Chemical Co R&D

New Facility Name

Name Change _____

Location of Installation

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

Installation Mailing Address

Street _____

City/Town _____ State _____ Zip _____

Installation Contact

Last Name _____ First _____

Job Title _____ Phone # _____

Street _____

City/Town _____ State _____ Zip _____

Ownership

Name of Legal Owner _____

Street _____

City/Town _____ State _____ Zip _____

Phone # (____) _____ Land Type _____ Owner Type _____

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Updated in RCRIS by RTA Date 10/25/94
AST 11-2-94

Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
Generator	_____	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation:			
Air _____	Rail _____	Highway _____	Water _____ Other _____

Burner/Blender _____

B Boiler and/or Industrial Furnace (BIF) only.
D BIF only; Smelter Deferral.
E BIF only; Small Quantity Exemption claimed.
N Not a Burner/Blender, Verified.
X Other Burner/Blender Activity.
Blank Unverified.

HWF Market to Burner _____

X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities.
Blank No activity.

HWF Other Market _____

X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.

HWF Burner _____

B Boiler and/or Industrial Furnace.
X Indication of activity.

OSO Market to Burner _____

X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.

OSO Other Market _____

X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).

OSO Burner _____

B Boiler and/or Industrial Furnace.
X Indication of Activity.

SO ACT: _____

Code indicating that the handler is engaged in marketing of specification fuel oil activities.
B Boiler and/or Industrial Furnace.
X Indication of Activity.

Burner Types

Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____

Underground Injection Control _____

X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

Recycler: _____

C Commercial
R Non-Commercial Recycler
N Not a Recycler, Verified
Blank Not a recycler, unverified.

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received **D**
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

P A D 0 4 6 5 3 8 2 1 1

II. Name of Installation (Include company and specific site name)

A R C O C H E M I C A L C O M P A N Y R & D

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

J B O I W E S T C H E S T E R P I K E

Street (continued)

City or Town

N E W T O W N S Q U A R E

State

ZIP Code

P A 1 9 0 7 3 -

County Code

County Name

D E L A W A R E

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

V I C T O R

J A M E S

Job Title

Phone Number (area code and number)

M G R M A T E R I A L S

6 1 0 - 3 5 9 - 2 3 9 2

VI. Installation Contact Address (See Instructions)

A. Contact Address

B. Street or P.O. Box

☒
☒

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

A R C O

Street, P.O. Box, or Route Number

1 0 5 5 S P L O W E R S T R E E T

City or Town

State

ZIP Code

L O S A N G E L E S

C A 9 0 0 7 1 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

2 1 3 - 4 8 6 - 3 5 1 1

P

P

Yes

No

X

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☒ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marking to Burner
- ☐ b. Other Markers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smaller Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marking to Burner
- ☐ b. Other Marker
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marker (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous waste your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D004)

(List specific EPA hazardous waste number(s) for the Toxicity characteristic container(s))

☒☒☒☒☐☐☐☐☐☐☐☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 P 0 0 1	2 P 0 0 2	3 P 0 0 3	4 P 0 0 4	5 P 0 0 5	6 P 0 0 3
7 P 0 0 5	8 P 0 1 1	9 P 0 1 2	10 P 0 2 4	11 P 0 2 8	12 P 0 3 0

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1 X 8 5 0	2 X 9 0 0	3 X 9 1 0	4 X 9 4 0	5 6 6 6 6	6 7 7 7 7
--------------	--------------	--------------	--------------	--------------	--------------

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

JAMES C. VICTOR MGR. MAINTENANCE

7/7/94

XI. Comments

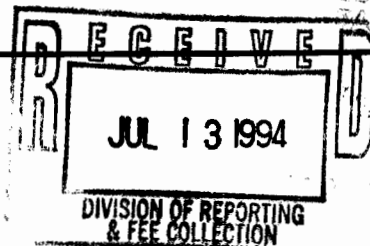
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

ID - For Official Use Only

IX. Description of Regulated Wastes (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
D 0 0 8	D 0 0 9	D 0 1 0	D 0 1 1	D 0 2 2	D 0 3 6
19	20	21	22	23	24
D 0 3 9	P 0 6 9	P 1 0 4	P 1 0 6	P 1 0 8	P 1 1 3
25	26	27	28	29	30
P 1 1 9	P 1 2 0	U 0 0 1	U 0 0 6	U 0 0 7	U 0 0 8
31	32	33	34	35	36
U 0 0 9	U 0 1 2	U 0 4 1	U 0 5 2	U 0 6 8	U 0 8 0
37	38	39	40	41	42
U 1 0 1	U 1 0 2	U 1 0 3	U 1 0 8	U 1 1 2	U 1 1 3
43	44	45	46	47	48
U 1 1 7	U 1 2 1	U 1 2 2	U 1 2 3	U 1 3 4	U 1 4 4
49	50	51	52	53	54
U 1 4 7	U 1 5 1	U 1 5 2	U 1 5 6	U 1 6 0	U 1 6 2
55	56	57	58	59	60
U 1 6 5	U 1 6 9	U 1 8 8	U 1 9 0	U 2 0 9	U 2 1 3
61	62	63	64	65	66
U 2 1 4	U 2 1 6	U 2 1 7	U 2 2 1	U 2 2 3	U 2 2 8
67	68	69	70	71	72
U 2 3 8	P 0 9 8	U 1 3 3			
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120



```

*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA Id: PAD046538211      Other Id:                               Merge Send: Y                      *
*Date Received(MMDDYY):  080180      Source( N/E/S ):  N Non-Notifier Flag:                      *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:                *
*Name of Installation:  ARCO CHEMICAL CO R&D                                                              *
*                               Installation Location Address                                              *
*Streets:  3801 WEST CHESTER PIKE                                                                            *
*City:      NEWTOWN SQUARE                               State:  PA      Zip:      19073          *
*County Code:  045      County Name:  DELAWARE                                                         *
*                               Installation Mailing Address                                              *
*Streets:  3801 WEST CHESTER PIKE                                                                            *
*City:      NEWTOWN SQUARE                               State:  PA      Zip:      19073          *
*                               Contact Information                                                         *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* VICTOR           JAMES           MGR MATERIALS      6103592392      M          *
*Streets:  3801 WEST CHESTER PIKE                                                                            *
*City:      NEWTOWN SQUARE                               State:  PA      Zip:      19073          *
*Land Type:  P                                                                                              *
*****
*   nter-Continue      F1-Previous Screen      F3-Exit
*****

```

```

*****
*                               RCRIS: Notification View Screen 3 of 6                               *
*****
* EPA Id:      PAD046538211      Other Id:                               Source:  N                      *
*                               *                                     *
* Owner Sequence Number:      1                                     *
* Ownership:  ARCO                               Type of Owner:  P                      *
*                               *                                     *
*                               Address of Owner/Operator                                              *
*                               *                                     *
*   Street:  1055 S FLOWER ST                                                                           *
*   City:    LOS ANGELES                               State:  CA Zip Code      90071          *
*   Phone:   2134863511                                                                              *
*                               *                                     *
* Current/Previous Indicator:  CO      Change Date(MMDDYY):                                           *
*                               *                                     *
*                               *                                     *
*                               *                                     *

```

```

*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F5-Curr. Owner *
* F6-Prev. Owner      F8-Help      F9-First      F10-Next      *
*****

```

```

*****
*                               RCRIS: Notification View Screen 4A of 6                               *
*****
* EPA Id:  PAD046538211      Other Id:                               Source:  N                      *
*                               *                                     *
*                               RCRA Reg      RCRA Reg      State Reg      State Reg      *
* Waste Activity      Type      Status      Desc      Status      Desc      *
* -----      *
* HW Generator:      1      R      *
* HW TSD:      *
* HW Transporter:      X      R      *
* Transport Mode:  Air:      Rail:      Highway: X      Water:      *

```



```

*                               Other:
* HW Burner/Blender:           X           R
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*
*
*****
* Enter-Continue           F1-Previous Screen           F3-Exit           F8-Help
*****

*****
*                               RCRIS: Notification View Screen 4B of 6
*****
* EPA Id:  PAD046538211      Other Id:                Source:  N
*
* HWF Burner/Blender (from 4A):      Enter Sub-Indicator(s) if Type not Blank
*   Type:                X                HWF Marketer to Burner:      X
*   RCRA Reg Stat:      R                HWF Other Marketer:
*   RCRA Reg Desc:                HWF Burner:
*   State Reg Stat:
*   State Reg Desc:
* NHW Used Oil Recycler (from 4A):      UO Marketer to Burner:
*   Type:                Specification UO Marketer:
*   RCRA Reg Stat:                UOF Burner:
*   State Reg Stat:                UO Transporter:
*   State Reg Desc:                UO Processor/Re-refiner:
*                               UO Collection Center:
* Burner
* Type:  Utility Boiler:      Industrial Boiler:      Industrial Furnace:
*
*****
* Enter-Continue           F1-Prev Screen           F3-Exit           F8-Help
*****

*****
*                               RCRIS: Notification View Screen 5 of 6
*****
* EPA Id:  PAD046538211      Other Id:                Source:  N
*
* Hazardous Waste Codes:  Specific/Non-Specific/Commercial/Chemical
*                        D000   D001   D002   D003   F003
*                        F004
*
*
*
*
*
*
*
*
*
*
*
*
*
*****
*Enter-Continue           F1-Previous Screen           F3-Exit
*F8-Help                 F9-First                 F10-Next
*****

```

Add waste codes, See Attached

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# 1P1A1D101416151318121111 Date: 11-17-94

FACILITY NAME Arco Chemical Co K9 D

New Facility Name

Name Change _____

Location of Installation

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

Installation Mailing Address

Street _____

City/Town _____ State _____ Zip _____

Installation Contact

Last Name _____ First _____

Job Title _____ Phone # _____

Street _____

City/Town _____ State _____ Zip _____

Ownership

Name of Legal Owner _____

Street _____

City/Town _____ State _____ Zip _____

Phone # (____) _____ Land Type _____ Owner Type _____

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

Updated in RCRIS by RR Date 11/29/94

EST

12-1-94

Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
-------------------	------	---------------------	--------------------

Generator _____

TSD _____

Transporter _____

Mode of Transportation: _____

Air _____ Rail _____ Highway _____ Water _____ Other _____

Burner/Blender _____

B Boiler and/or Industrial Furnace (BIF) only.

D BIF only; Smelter Deferral.

E BIF only; Small Quantity Exemption claimed.

N Not a Burner/Blender, Verified.

X Other Burner/Blender Activity.

Blank Unverified.

HWF Market to Burner _____

X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities.

Blank No activity.

HWF Other Market _____

X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.

HWF Burner _____

B Boiler and/or Industrial Furnace.

X Indication of activity.

OSO Market to Burner _____

X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.

OSO Other Market _____

X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).

OSO Burner _____

B Boiler and/or Industrial Furnace.

X Indication of Activity.

SO ACT: _____

Code indicating that the handler is engaged in marketing of specification fuel oil activities.

B Boiler and/or Industrial Furnace.

X Indication of Activity.

Burner Types

Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____

Underground Injection Control _____

X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

Recycler: _____

C Commercial

R Non-Commercial Recycler

N Not a Recycler, Verified

Blank Not a recycler, unverified.

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

P A D 0 4 6 5 3 8 2 1 1

II. Name of Installation (Include company and specific site name)

A R C O C H E M I C A L C O M P A N Y R & D

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 8 0 1 W E S T C H E S T E R P I K E

Street (continued)

City or Town

N E W T O W N S Q U A R E

State

ZIP Code

P A

1 9 0 7 3 -

County Code County Name

D E L A W A R E

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

V I C T O R

(first)

J A M E S

Job Title

M G R M A T E R I A L S

Phone Number (area code and number)

6 1 0 - 3 5 9 - 2 3 9 2

VI. Installation Contact Address (See instructions)

A. Contact Address Location Mailing

☒
☒

B. Street or P.O. Box

City or Town

OCT 20 1994

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

A R C O

Street, P.O. Box, or Route Number

1 0 5 5 S F L O W E R S T R E E T

City or Town

L O S A N G E L E S

State

ZIP Code

C A

9 0 0 7 1 -

Phone Number (area code and number)

2 1 3 - 4 8 6 - 3 5 1 1

B. Land Type

☒

C. Owner Type

☒

D. Change of Owner Indicator

Yes

☐

No

☒

(Date Changed)

Month

☐

Day

☐

Year

☐

Year

☐

Year

☐

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Referral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s):
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

☒☒☒☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 4

D 0 0 5

D 0 0 6

D 0 0 7

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 1	F 0 0 2	F 0 0 3	F 0 0 4	F 0 0 5	P 0 0 3
7	8	9	10	11	12
P 0 0 5	P 0 1 1	P 0 1 2	P 0 2 4	P 0 2 8	P 0 3 0

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
X 8 5 0	X 9 0 0	X 9 1 0	X 9 4 0	6 6 6 6	7 7 7 7

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

ID - For Official Use Only

D. Description of Regulated Wastes (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
D 0 0 8	D 0 0 9	D 0 1 0	D 0 1 1	D 0 2 2	D 0 3 6
19	20	21	22	23	24
D 0 3 9	P 0 6 9	P 1 0 4	P 1 0 6	P 1 0 8	P 1 1 3
25	26	27	28	29	30
P 1 1 9	P 1 2 0	U 0 0 1	U 0 0 6	U 0 0 7	U 0 0 8
31	32	33	34	35	36
U 0 0 9	U 0 1 2	U 0 4 1	U 0 5 2	U 0 6 8	U 0 8 0
37	38	39	40	41	42
U 1 0 1	U 1 0 2	U 1 0 3	U 1 0 8	U 1 1 2	U 1 1 3
43	44	45	46	47	48
U 1 1 7	U 1 2 1	U 1 2 2	U 1 2 3	U 1 3 4	U 1 4 4
49	50	51	52	53	54
U 1 4 7	U 1 5 1	U 1 5 2	U 1 5 6	U 1 6 0	U 1 6 2
55	56	57	58	59	60
U 1 6 5	U 1 6 9	U 1 8 8	U 1 9 0	U 2 0 9	U 2 1 3
61	62	63	64	65	66
U 2 1 4	U 2 1 6	U 2 1 7	U 2 2 1	U 2 2 3	U 2 2 8
67	68	69	70	71	72
U 2 3 8	P 0 9 8	U 1 3 3	P 0 7 7	U 1 0 6	U 2 4 6
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

RECEIVED
 OCT 20 1994
 DIVISION OF REPORTING
 & FEE COLLECTION

RECEIVED
 PA/DC SECTION

NOV 7 1994

EPA REGION III

```

*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA Id: PAD046538211      Other Id:                               Merge Send: Y                      *
*Date Received(MMDDYY): 080180      Source( N/E/S ): N Non-Notifier Flag:                      *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:              *
*Name of Installation: ARCO CHEMICAL CO R&D                                                              *
*                               Installation Location Address                                              *
*Streets: 3801 WEST CHESTER PIKE                                                                            *
*City:      NEWTOWN SQUARE                               State: PA      Zip:      19073          *
*County Code: 045      County Name: DELAWARE                                                            *
*                               Installation Mailing Address                                              *
*Streets: 3801 WEST CHESTER PIKE                                                                            *
*City:      NEWTOWN SQUARE                               State: PA      Zip:      19073          *
*                               Contact Information                                                          *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* VICTOR           JAMES           MGR MATERIALS      6103592392      M          *
*Streets: 3801 WEST CHESTER PIKE                                                                            *
*City:      NEWTOWN SQUARE                               State: PA      Zip:      19073          *
*Land Type: P                                                                                              *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit
* ..*****

```

```

*****
*                               RCRIS: Notification View Screen 3 of 6                               *
*****
* EPA Id:      PAD046538211      Other Id:                               Source: N                      *
*                               *                               *
* Owner Sequence Number:      1                               *
* Ownership: ARCO                               Type of Owner: P                      *
*                               *                               *
*                               Address of Owner/Operator                                              *
*                               *                               *
*   Street: 1055 S FLOWER ST                               *
*   City:   LOS ANGELES                               State: CA Zip Code      90071          *
*   Phone:  2134863511                                     *
*                               *                               *
* Current/Previous Indicator: CO      Change Date(MMDDYY):      *
*                               *                               *
*                               *                               *

```

```

*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F5-Curr. Owner      *
* F6-Prev. Owner      F8-Help      F9-First      F10-Next                      *
*****

```

```

*****
*                               RCRIS: Notification View Screen 4A of 6                               *
*****
* EPA Id: PAD046538211      Other Id:                               Source: N                      *
*                               *                               *
*                               RCRA Reg      RCRA Reg      State Reg      State Reg      *
* Waste Activity      Type      Status      Desc      Status      Desc          *
* -----            - - - - -            - - - - -            - - - - -            - - - - -            *
* HW Generator:      1      R                               *
* HW TSD:                                                     *
* HW Transporter:                                           *
* Transport Mode: Air:      Rail:      Highway:      Water:      *

```

```

*                               Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F8-Help
*****

*****
*                               RCRIS: Notification View Screen 5 of 6
*****
*      EPA Id:  PAD046538211  Other Id:                               Source:  N
*
*      Hazardous Waste Codes:  Specific/Non-Specific/Commercial/Chemical
*
*      D000      D001      D002      D003      D004
*      D005      D006      D007      D008      D009
*      D010      D011      D022      D036      D039
*      F001      F002      F003      F004      F005
*      P003      P005      P011      P012      P024
*      P028      P030      P069      P098      P104
*      P106      P108      P113      P119      P120
*      U001      U006      U007      U008      U009
*      U012      U041      U052      U068      U080
*      U101      U102      U103      U108      U112
*
*
*
*****
*Enter-Continue      F1-Previous Screen      F3-Exit
*F8-Help      F9-First      F10-Next
*****

*****
*                               RCRIS: Notification View Screen 6 of 6
*****
*      EPA Id:  PAD046538211  Other Id:                               Source:  N
*
*      Comments:
*
*      X850      X900      X910      X940      6666      7777
*
*
*
*****
*Enter-Id Screen      F3-Exit      F1-Previous Screen
*      F9-First      F10-Next
*****

```


Add Waste Codes. See Attached

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

EPA-ID# P141D101416151318121111 Date: 11-17-94

FACILITY NAME Arco Chemical Co R&D

New Facility Name

Name Change _____

Location of Installation

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

Installation Mailing Address

Street _____

City/Town _____ State _____ Zip _____

Installation Contact

Last Name _____ First _____

Job Title _____ Phone # _____

Street _____

City/Town _____ State _____ Zip _____

Ownership

Name of Legal Owner _____

Street _____

City/Town _____ State _____ Zip _____

Phone # (____) _____ Land Type P Owner Type P

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Updated in RCRIS by RR Date 11-25-94

HST

11-28-94

Waste Activity	TYPE	RCRA Reg. Status	RCRA Reg. Desc.
Generator	_____	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation:			
Air _____	Rail _____	Highway _____	Water _____ Other _____
Burner/Blender			

B Boiler and/or Industrial Furnace (BIF) only.
 D BIF only; Smelter Deferral.
 E BIF only; Small Quantity Exemption claimed.
 N Not a Burner/Blender, Verified.
 X Other Burner/Blender Activity.
 Blank Unverified.

HWF Market to Burner _____

X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities.
 Blank No activity.

HWF Other Market _____

X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.

HWF Burner _____

B Boiler and/or Industrial Furnace.
 X Indication of activity.

OSO Market to Burner _____

X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.

OSO Other Market _____

X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).

OSO Burner _____

B Boiler and/or Industrial Furnace.
 X Indication of Activity.

SO ACT: _____

Code indicating that the handler is engaged in marketing of specification fuel oil activities.

B Boiler and/or Industrial Furnace.
 X Indication of Activity.

Burner Types

Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____

Underground Injection Control _____

X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.

Recycler: _____

C Commercial
 R Non-Commercial Recycler
 N Not a Recycler, Verified
 Blank Not a recycler, unverified.

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED
Data Received
For Official Use Only

APR 20 1994

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

P A D 0 4 6 5 3 8 2 1 1

II. Name of Installation (Include company and specific site name)

A R C O C H E M I C A L C O M P A N Y R & D

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 8 0 1 W E S T C H E S T E R P I K E

Street (continued)

City or Town

N E W T O W N S Q U A R E

State

ZIP Code

P A

1 9 0 7 3 -

County Code County Name

D E L A W A R E

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

V I C T O R

(first)

J A M E S

Job Title

M G R M A T E R I A L S

Phone Number (area code and number)

6 1 0 - 3 5 9 - 2 3 9 2

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

☒

☒

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

A R C O

Street, P.O. Box, or Route Number

1 0 5 5 S F L O W E R S T R E E T

City or Town

State

ZIP Code

L O S A N G E L E S

C A

9 0 0 7 1 -

Phone Number (area code and number)

2 1 3 - 4 8 6 - 3 5 1 1

B. Land Type

☒

C. Owner Type

☒

D. Change of Owner Indicator

Yes

No

☒

(Date Changed) Month Day Year

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractory
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (D000) ☒
- (List specific EPA hazardous waste numbers for the Toxicity characteristic content(s))
- D 0 0 4 D 0 0 5 D 0 0 6 D 0 0 7

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 4	5 F 0 0 5	6 P 0 0 3
7 P 0 0 5	8 P 0 1 1	9 P 0 1 2	10 P 0 2 4	11 P 0 2 8	12 P 0 3 0

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1 X 8 5 0	2 X 9 0 0	3 X 9 1 0	4 X 9 4 0	5 6 6 6 6	6 7 7 7 7
--------------	--------------	--------------	--------------	--------------	--------------

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

James C. Victor

Name and Official Title (type or print)

JAMES C. VICTOR HIGHER MATERIALS

Date Signed

10/17/94

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

ID - For Official Use Only

IX. Description of Regulated Wastes (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
D 0 0 8	D 0 0 9	D 0 1 0	D 0 1 1	D 0 2 2	D 0 3 6
19	20	21	22	23	24
D 0 3 9	P 0 6 9	P 1 0 4	P 1 0 6	P 1 0 8	P 1 1 3
25	26	27	28	29	30
P 1 1 9	P 1 2 0	U 0 0 1	U 0 0 6	U 0 0 7	U 0 0 8
31	32	33	34	35	36
U 0 0 9	U 0 1 2	U 0 4 1	U 0 5 2	U 0 6 8	U 0 8 0
37	38	39	40	41	42
U 1 0 1	U 1 0 2	U 1 0 3	U 1 0 8	U 1 1 2	U 1 1 3
43	44	45	46	47	48
U 1 1 7	U 1 2 1	U 1 2 2	U 1 2 3	U 1 3 4	U 1 4 4
49	50	51	52	53	54
U 1 4 7	U 1 5 1	U 1 5 2	U 1 5 6	U 1 6 0	U 1 6 2
55	56	57	58	59	60
U 1 6 5	U 1 6 9	U 1 8 8	U 1 9 0	U 2 0 9	U 2 1 3
61	62	63	64	65	66
U 2 1 4	U 2 1 6	U 2 1 7	U 2 2 1	U 2 2 3	U 2 2 8
67	68	69	70	71	72
U 2 3 8	P 0 9 8	U 1 3 3	P 0 7 7	U 1 0 6	U 2 4 6
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

ARCO Chemical Company
3801 West Chester Pike
Newtown Square, Pennsylvania 19073-2387
Telephone 215 359 2000



October 17, 1994

U.S. EPA Region III
RCRA Programs Branch
Pennsylvania Section (3 HW51)
841 Chestnut Building
Philadelphia, PA 19107

RECEIVED
PA/DC SECTION

OCT 20 1994

EPA REGION III

re: Modification of Notification of Regulated Waste Activity
ARCO Chemical Company
3801 West Chester Pike
Newtown Square, PA 19073
EPA ID No. PAD 046538211

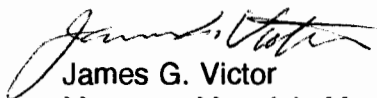
Dear Sirs:

Attached is an updated Notification of Regulated Waste Activity (EPA 8700-12) for the hazardous waste activities at the Newtown Square facility of ARCO Chemical Company. The waste codes typically generated by the facility are listed.

ACC is a Research & Development facility and no commercial manufacturing operations are located at this site. Pilot plants and research laboratory operations are the source of the chemical wastes.

Should you have any questions about the information submitted in this report please contact me at (610) 359-2392.

Sincerely,


James G. Victor
Manager, Materials Management

JGV
Enclosures

copy: T.A. Bailey/NSC
A.H. Goldsmith/D2
M.G. Griffith/EOB
T.J. Senn/D1
C.W. Ruoff/D1

```

*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA Id: PAD046538211      Other Id:                               Merge Send: Y                      *
*Date Received(MMDDYY): 080180      Source( N/E/S ): N Non-Notifier Flag:                      *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:              *
*Name of Installation: ARCO CHEMICAL CO R&D                                                              *
*                               Installation Location Address                                              *
*Streets: 3801 WEST CHESTER PIKE                                                              *
*City:      NEWTOWN SQUARE                               State: PA      Zip:      19073          *
*County Code: 045      County Name: DELAWARE                                                              *
*                               Installation Mailing Address                                              *
*Streets: 3801 WEST CHESTER PIKE                                                              *
*City:      NEWTOWN SQUARE                               State: PA      Zip:      19073          *
*                               Contact Information                                                        *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* VICTOR           JAMES           MGR MATERIALS  6103592392      M          *
*Streets: 3801 WEST CHESTER PIKE                                                              *
*City:      NEWTOWN SQUARE                               State: PA      Zip:      19073          *
*Land Type: P                                                                                      *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit
*****

```

```

*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA Id: PAD046538211      Other Id:                               Merge Send: Y                      *
*Date Received(MMDDYY): 080180      Source( N/E/S ): N Non-Notifier Flag:                      *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:              *
*Name of Installation: ARCO CHEMICAL CO R&D                                                              *
*                               Installation Location Address                                              *
*Streets: 3801 WEST CHESTER PIKE                                                              *
*City:      NEWTOWN SQUARE                               State: PA      Zip:      19073          *
*County Code: 045      County Name: DELAWARE                                                              *
*                               Installation Mailing Address                                              *
*Streets: 3801 WEST CHESTER PIKE                                                              *
*City:      NEWTOWN SQUARE                               State: PA      Zip:      19073          *
*                               Contact Information                                                        *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* VICTOR           JAMES           MGR MATERIALS  6103592392      M          *
*Streets: 3801 WEST CHESTER PIKE                                                              *
*City:      NEWTOWN SQUARE                               State: PA      Zip:      19073          *
*Land Type: P                                                                                      *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit
*****

```

```

*****
*                               RCRIS: Notification View Screen 3 of 6                               *
*****
* EPA Id:      PAD046538211      Other Id:                               Source: N                      *
*                               *                               *                               *
* Owner Sequence Number:      1                               *                               *
* Ownership: ARCO                               Type of Owner: P                      *
*                               *                               *                               *
*                               Address of Owner/Operator                                              *
*                               *                               *                               *
*                               Street: 1055 S FLOWER ST                                              *

```



```

*      City:   LOS ANGELES                State: CA Zip Code   90071      *
*      Phone:  2134863511                *
*
* Current/Previous Indicator:  CO  Change Date(MMDDYY):      *
*
*
*****
* Enter-Continue   F1-Previous Screen   F3-Exit           F5-Curr. Owner   *
* F6-Prev. Owner   F8-Help              F9-First          F10-Next         *
*****

*****
*
*                RCRIS: Notification View Screen 4A of 6      *
*****
* EPA Id:  PAD046538211   Other Id:                Source:  N      *
*
*
*                RCRA Reg   RCRA Reg   State Reg   State Reg   *
* Waste Activity   Type     Status    Desc       Status    Desc      *
* -----
* HW Generator:    1        R
* W TSD:
* W Transporter:
*   Transport Mode: Air:      Rail:      Highway:      Water:
*                   Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*
*****
* Enter-Continue   F1-Previous Screen   F3-Exit           F8-Help         *
*****

*****
*
*                RCRIS: Notification View Screen 5 of 6      *
*****
* EPA Id:  PAD046538211   Other Id:                Source:  N      *
*
* Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical *
*          D000   D001   D002   D003   D004      *
*          D005   D006   D007   D008   D009      *
*          D010   D011   D022   D036   D039      *
*          F001   F002   F003   F004   F005      *
*          P003   P005   P011   P012   P024      *
*          P028   P030   P069   P098   P104      *
*          P106   P108   P113   P119   P120      *
*          U001   U006   U007   U008   U009      *
*          U012   U041   U052   U068   U080      *
*          U101   U102   U103   U108   U112      *
*
*
*****
*Enter-Continue           F1-Previous Screen   F3-Exit      *
*F8-Help                 F9-First             F10-Next     *
*****

```

```
*****
*                               RCRIS: Notification View Screen 6 of 6                               *
*****
*      EPA Id:  PAD046538211  Other Id:                               Source:  N                               *
*                                                                                                     *
*      Comments:                                                                                         *
*                                                                                                     *
*      X850  X900  X910  X940  6666  7777                                                                 *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*****
*Enter-Id Screen                               F3-Exit                               F1-Previous Screen  *
*                               F9-First                               F10-Next                               *
*****
```

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

P A D 0 4 6 5 3 8 2 1 1

II. Name of Installation (Include company and specific site name)

A R C O C H E M I C A L C O M P A N Y R & D

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

J B O I W E S T C H E S T E R P I K E

Street (continued)

City or Town

State

ZIP Code

N E W T O W N S Q U A R E P A 1 9 0 7 3 -

County Code

County Name

0 4 5 D E L A W A R E

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

V I C T O R J A M E S

Job Title

Phone Number (area code and number)

M G R M A T E R I A L S 6 1 0 - 3 5 9 - 2 3 9 2

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

X X

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

A R C O

Street, P.O. Box, or Route Number

1 0 5 5 S F L O W E R S T R E E T

City or Town

State

ZIP Code

L O S A N G E L E S C A 9 0 0 7 1 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

2 1 3 - 4 8 6 - 3 5 1 1 X X

Yes

No

X

Month

Day

Year

1B - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☒ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marking to Burner
- ☐ b. Other Markers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deterioral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marking to Burner
- ☐ b. Other Markers
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Manifested Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of manifested hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (D004) ☒
- (List specific EPA hazardous waste numbers for the Toxicity characteristic characteristics)
- + D 0 0 4 + D 0 0 5 + D 0 0 6 + D 0 0 7

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 P 0 0 1	2 P 0 0 2	3 P 0 0 3	4 P 0 0 4	5 P 0 0 5	6 P 0 0 3
7 P 0 0 5	8 P 0 1 1	9 P 0 1 2	10 P 0 2 4	11 P 0 2 8	12 P 0 3 0

C. Other Wastes. (State or other waste requiring a handler to have an I.D. number. See instructions.)

1 X 8 5 0	2 X 9 0 0	3 X 9 1 0	4 X 9 4 0	5 6 6 6 6	6 7 7 7 7
--------------	--------------	--------------	--------------	--------------	--------------

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

XI. Comments

Note: M&H completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

ID - For Official Use Only

IX. Description of Regulated Wastes (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
D 0 0 8	D 0 0 9	D 0 1 0	D 0 1 1	D 0 2 2	D 0 3 6
19	20	21	22	23	24
D 0 3 9	P 0 6 9	P 1 0 4	P 1 0 6	P 1 0 8	P 1 1 3
25	26	27	28	29	30
P 1 1 9	P 1 2 0	U 0 0 1	U 0 0 6	U 0 0 7	U 0 0 8
31	32	33	34	35	36
U 0 0 9	U 0 1 2	U 0 4 1	U 0 5 2	U 0 6 8	U 0 8 0
37	38	39	40	41	42
U 1 0 1	U 1 0 2	U 1 0 3	U 1 0 8	U 1 1 2	U 1 1 3
43	44	45	46	47	48
U 1 1 7	U 1 2 1	U 1 2 2	U 1 2 3	U 1 3 4	U 1 4 4
49	50	51	52	53	54
U 1 4 7	U 1 5 1	U 1 5 2	U 1 5 6	U 1 6 0	U 1 6 2
55	56	57	58	59	60
U 1 6 5	U 1 6 9	U 1 8 8	U 1 9 0	U 2 0 9	U 2 1 3
61	62	63	64	65	66
U 2 1 4	U 2 1 6	U 2 1 7	U 2 2 1	U 2 2 3	U 2 2 8
67	68	69	70	71	72
U 2 3 8	P 0 9 8	U 1 3 3			
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

JUL 14 1988

ARCO Chemical Company
3801 West Chester Pike
Newtown Square, Pennsylvania 19073-2387
Telephone 215 359 2000



July 08, 1994

U.S. EPA Region III
RCRA Programs Branch
Pennsylvania Section (3 HW51)
841 Chestnut Building
Philadelphia, PA 19107

re: Modification of Notification of Regulated Waste Activity
ARCO Chemical Company
3801 West Chester Pike
Newtown Square, PA 19073
EPA ID No. PAD 046538211

Dear Sirs:

Attached is an updated Notification of Regulated Waste Activity (EPA 8700-12) for the hazardous waste activities at the Newtown Square facility of ARCO Chemical Company. The waste codes typically generated by the facility are listed.

ACC is a Research & Development facility and no commercial manufacturing operations are located at this site. Pilot plants and research laboratory operations are the source of the chemical wastes.

Should you have any questions about the information submitted in this report please contact me at (610) 359-2392.

Sincerely,

James G. Victor
Manager, Materials Management

JGV
Enclosures

copy: T.A. Bailey/NSC
A.H. Goldsmith/D2
M.G. Griffith/EOB
T.J. Senn/D1
C.W. Ruoff/D1



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+

PAD046538211

11/22/94

INSTALLATION ADDRESS

ARCO CHEMICAL CO B&D
3801 WEST CHESTER PIKE
NEWTOWN SQUARE PA 19073
JAMES VICTOR MGR MATERIALS

3801 WEST CHESTER PIKE
NEWTOWN SQUARE PA 19073

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

RECEIVED
Date Received
(For Official Use Only)

MAR 4 1994

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

P A D 0 4 6 5 3 8 2 1 1

II. Name of Installation (Include company and specific site name)

A R C O C H E M I C A L C O M P A N Y R & D

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 8 0 1 W E S T C H E S T E R P I K E

Street (continued)

City or Town

N E W T O W N S Q U A R E

State

ZIP Code

P A 1 9 0 7 3 -

County Code

County Name

0 4 5

D E L A W A R E

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

S A M E

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

V I C T O R

J A M E S

Job Title

Phone Number (area code and number)

M G R M A T E R I A L S

6 1 0 - 3 5 9 - 2 3 9 2

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

B. Street or P.O. Box

☒☒

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

A R C O

Street, P.O. Box, or Route Number

1 0 5 5 S F L O W E R S T R E E T

City or Town

State

ZIP Code

L O S A N G E L E S

C A

9 0 0 7 1 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

2 1 3 - 4 8 6 - 3 5 1 1

☒☒

Yes

No

☒

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
1. Smelter/Referral
2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
1. Utility Boiler
2. Industrial Boiler
3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

☒ ☒ ☒ ☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 4 D 0 0 5 D 0 0 6 D 0 0 7

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F 0 0 1	F 0 0 2	F 0 0 3	F 0 0 4	F 0 0 5	P 0 0 3
7	8	9	10	11	12
P 0 0 5	P 0 1 1	P 0 1 2	P 0 2 4	P 0 2 8	P 0 3 0

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
X 8 5 0	X 9 0 0	X 9 1 0	X 9 4 0	X 6 6 6 6	X 7 7 7 7

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

James G. Victor

Name and Official Title (type or print)

JAMES G. VICTOR. MGR. MATERIALS.

Date Signed

2/25/94

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Arco Chemical Company
PAD 046538211

EPA Form 8700-12 - Section IX
Part B Listed Hazardous Waste (continued)

D001	U001
D002	U006
D003	U007
D004	U008
D005	U009
D006	U012
D007	U052
D008	U068
D009	U080
D010	U101
D011	U102
D022	U041
D036	U108
D039	U112
	U113
	U117
P069	U121
P104	U122
P106	U123
P108	U134
P113	U144
P119	U147
P120	U151
	U152
	U156
	U160
	U162
	U165
	U169
	U188
	U190
	U209
	U213
	U214
	U216
	U217
	U221
	U223
	U228
	U238

missing
(9)

NOTICE

FACILITY NAME: Arco Chemical Co. Research & Eng. Ctr

EPA ID NUMBER: PAD 046538211

PRESENT C1105 CODE: 4

PRESENT C305 CODE: blank

CORRECT C1105 CODE: 4

CORRECT C305 CODE: 5

The current status of the above facility is:

- ☐ Certified Closure
- ☐ State confirms facility is not a TSD facility
- ☒ State confirms facility is less than 90 day storage
- ☐ Closure not necessary
- ☒ Facility converted to Generator status w/o full closure
- ☐ Facility is a Transporter

ADDITIONAL INFORMATION ON THE STATUS OF THIS FACILITY:

Jennifer Juri
Signature of Reviewer

7/20/88
Date

ARCO Chemical Company
3801 West Chester Road
Newtown Square, Pennsylvania 19106
Telephone 215-261-1000

100-1108/4
33/NF



F. J. Greek
Manager, Facility Services

February 6, 1984

Ms. Joanne Cassidy
3HW32
EPA Region 3
6th and Walnut Streets
Philadelphia, Pennsylvania 19106

Dear Ms. Cassidy:

As per our phone conversation please find another copy of my
correspondence to the within mentioned departments and locations.

I hope this will complete your records.

Sincerely

Francis J. Greek

FJG/lmm

Attachment

RECEIVED
Waste Management Section

FEB 10 1984

U.S. E.P.A. REGION III

New...

Telephone 215 359 2011



F. J. Greek

August 11, 1983

Mr. Wayne L. Lynn
Regional Solid Waste Manager
Commonwealth of Pennsylvania
Department of Environmental Resources
1875 New Hope Street
Norristown, Pennsylvania 19401

Re: ARCO Chemical Company
I. D. No. PAD 046 538 211

Dear Mr. Lynn:

This letter acknowledges receipt of correspondence dated February 16, 1983 from the Bureau of Solid Waste Management requesting submission of our Part B permit application for a drum storage area. Our original application (Part A) was submitted to obtain Interim Status for operation of a drum storage area where both hazardous and non-hazardous chemical wastes are accumulated for subsequent shipment off-site for treatment or disposal.

After careful consideration, we have determined that it is not necessary to store hazardous waste material on-site for longer than 90 days. Therefore, we will not be submitting a Part B application for the drum storage area.

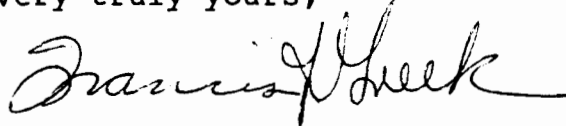
Effective September 1, 1983, we request that further processing of our application be terminated. In the interim, we will arrange for shipment of accumulated hazardous wastes in storage and revise facility administrative procedures to ensure compliance with the provisions of 25 Pa. Code Chapter 75, Section 75.262.

Mr. Wayne L. Lynn
August 11, 1983
Page 2

We also request that your files on our facility be updated to reflect a change in our identification number assigned by EPA, Region III. Effective April 1, 1982, Identification No. PAD 046 538 211 was assigned to this facility which replaces PAT 000 607 470.

Should you have any questions, please contact me at
(215) 359-2013.

Very truly yours,



Francis J. Greek
Manager, Facility Services

FJG/jcb

cc: Pennsylvania Department of Environmental Resources
Bureau of Solid Waste Management
Division of Hazardous Waste
P. O. Box 2063
Harrisburg, PA 17120

Ms. Shirley D. Bulkin, Chief (3EN24)
RCRA Administrative Support Section
Permit Enforcement Branch
U. S. Environmental Protection Agency
Region III
6th & Walnut Streets
Philadelphia, PA 19106

bcc: H. E. Birr
D. R. Fitts
V. P. Wynne
E. D. Shuster
Dr. J. E. Connor
B. E. Therrien

[GREEK/DER.1]

RECORD OF COMMUNICATION

☒ PHONE CALL ☐ DISCUSSION ☐ FIELD TRIP ☐ CONFERENCE
☐ OTHER (SPECIFY)

(Record of item checked above)

TO Facility Contact:

Frank Guek

FROM:

Jeanne Cassidy

DATE

2/6/84

TIME

10:20 A

SUBJECT

Status of TSD Facility -- Memo to File

SUMMARY OF COMMUNICATION

Name of Facility: *Arco Chemical Co.*

S02

I.D. Number : *PAD 04 653 8211*

S01

T03

- ☒ Facility does presently generate hazardous waste
- ☐ Facility does not presently generate hazardous waste
- ☐ Facility stores hazardous waste for more than 90 days
- ☒ Facility does not store for more than 90 days
- ☐ Facility is a recycler
- ☐ Facility incinerates hazardous waste
- ☒ Facility does not incinerate hazardous waste
- ☐ Facility does dispose hazardous waste off-site
- ☐ Facility does not dispose hazardous waste off-site

- ☒ Facility will submit letter requesting withdrawal of their Part A for any of the reasons listed above. *Letter dated 9/1/83 - Copy sent to S. Burkin will send another copy*

Rec'd ltr 2/10/84

CONCLUSIONS, ACTION TAKEN OR REQUIRED

- ☐ Coded as: *1105/4*
- ☐ Facility remains in system as: *generator*

INFORMATION COPIES

TO:



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES

1875 New Hope Street
Norristown, PA 19401
215 631-2420



September 20, 1983

Mr. Francis Greek
Manager of Personnel and Site
Arco Chemical Company
Research and Engineering Center
3801 West Chester Pike
Newtown Square, PA 19073

Re: Identification No. PAD046538211

Dear Mr. Greek:

It has been determined by our staff that you are not a TSD facility or that you qualify under the permit by rule provision in our hazardous waste management rules and regulations.

Therefore, you will not have to submit a Part B hazardous waste permit application and we are returning your Part A application if you previously submitted one to the Department.

This means you no longer have interim status as a TSD facility and you may not engage in this type of activity at your facility. You will not be required to secure a hazardous waste management permit for your facility, but you are still subject to any portion of the hazardous waste management rules and regulations published in the Pennsylvania Bulletin September 4, 1982 which pertain to your facility. This includes the submission of a closure plan if you operated as a treatment storage or disposal facility after November 19, 1980.

If you qualify under the permit by rule provision of the regulations then you may continue to operate as a hazardous waste facility in accordance with NPDES or local sewer authority requirements.

This does not release you from Environmental Protection Agency requirements. You will have to contact their Philadelphia Regional Office to verify that you do not have to submit a Part B application to their agency.

If you have any questions concerning this, I can be reached at 631-2420.

Very truly yours,

LAWRENCE H. LUNSK
Solid Waste Facilities Supervisor

cc: Newtown Township
Delaware County Planning Commission
U.S. Environmental Protection Agency
(3AW32)
Division of Hazardous Waste Management
Re 30 5SMC10

RECEIVED
Facilities Management Section
SEP 26 1983
U.S. EPA, Region III

ARCO Chemical Company
3801 West Chester Pike
Newtown Square, Pennsylvania 19073
Telephone 215 359 2013



F. J. Greek
Supervisor, Special Site Services

January 15, 1982

Ms. Shirley D. Bulkin, Chief (3EN24)
RCRA Administrative Support Section
Permit Enforcement Branch
U. S. Environmental Protection Agency
Region III
6th and Walnut Streets
Philadelphia, PA 19106

Re. EPA Identification No. PAT 000 607 770
ARCO Chemical Company
Newtown Square, PA

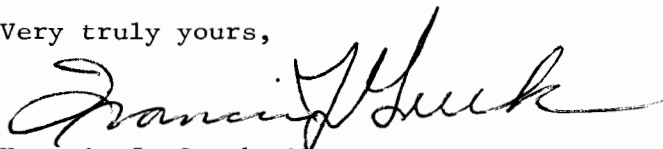
Dear Ms. Bulkin:

In reference to your December 30, 1981 letter to Mr. J. E. Connor regarding issuance of a permanent identification number for the above facility has been referred to me for response.

To avoid complications in paperwork associated with our quarterly hazardous waste reports, filed with the Pennsylvania Department of Environmental Resources, we will not use our permanent identification until the current reporting quarter is completed on March 31, 1982. Effective April 1, 1982, all correspondence and reports will use our permanent identification number, PAD 046 538 211.

Should you have any questions regarding our response, please contact me at (215) 359-2013.

Very truly yours,


Francis J. Greek, Manager
Special Site Services

FJG/ko

cc: Mr. Gary Galida
Pa. Dept. of Environmental Resources
P. O. Box 2063
Harrisburg, PA 17120

Mr. Robert Zang
Solid Waste Specialists
Pa. Dept. of Environmental Resources
1875 New Hope Street
Norristown, PA 19401



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

Certified Mail
Return Receipt Requested

December 30, 1981

Mr. J. E. Connor
Arco Chemical Company-Research & Eng. Ctr.
3801 West Chester Pike
Newtown Square, PA 19073

Re: EPA Identification Numbers
Facility Location: 3801 West Chester Pike
Newtown Square, PA 19073

Dear Mr. Connor:

Shortly after the filing of a Notification of Hazardous Waste Activity form (EPA-8700-12) with the EPA for the above facility, a temporary identification number PAT 00 060 7770 was issued in order to expedite the issuance of I.D. numbers.

A permanent identification number PAD 04 653 8211 has now been assigned for your facility. Realizing that you might have a supply of Manifest forms printed with the temporary number and you may have to contact companies with which you deal, you are permitted to use the temporary number for up to six months. You may, however, start using your permanent number immediately.

It is requested that you let this office know, within 30 days of receipt of this letter, the date you intend to implement the use of the new permanent EPA Identification Number by contacting Joan Henry, a member of my staff, on 215-597-8751 or by writing to: EPA, 6th & Walnut Streets, Philadelphia, PA 19106, Attn: Shirley Bulkin (3EN24). With this information we will have an accurate record of your I.D. number and be able to avoid possible confusion.

Sincerely yours,

Shirley D. Bulkin
Shirley D. Bulkin
Chief, RCRA Administrative Support Section
Permit Enforcement Branch

cc:

Mr. Gary Galida
Dept. of Environmental Resources -PA



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

JUL 17 1981

Mr. J. E. Connor
Arco Chemical Company- Research & Eng. Ctr.
3801 West Chester Pike
Newtown Square, PA 19073

Dear Mr. Connor:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

Shirley D. Bulkin

Shirley D. Bulkin

Chief, Administrative Support Section

Permit Enforcement Branch

Enclosure

Date Prepared: July 17, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

1. Facility name, location, and EPA Identification Number.

Name: Arco Chemical Company - Research & Eng. Ctr.

Location: 3801 West Chester Pike
Newtown Square, PA 19073

EPA I.D. No.: PAT 00 060 7770

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: Mr. J. E. Connor - Vice President Research & Development

Operator's Name:

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
S01	100,000 Gals.
S02	6,500 Gals.
T03	20 Gals/Hr.

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

* See Attachment

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
1 2 3 4 5 6 7 8 9 10 11 12 W P A T 0 0 0 6 0 7 7 7 0 1													1 2 3 4 5 6 7 8 9 10 11 12 W DUP 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD. WASTENO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)																					
				2. PROCESS DESCRIPTION (if a code is not entered in D(1))																					
1																									
2	F 0 0 3	60	T	S 0 1																					
3	F 0 0 5																							Included with above	
4	D 0 0 2	223	T	S 0 1																					
5	D 0 1 0																							Included with above	
6	D 0 0 1	70	T	S 0 1																					
7	D 0 0 2																							Included with above	
8	D 0 0 3																							Included with above	
9	D 0 1 0																							Included with above	
10	D 0 0 1	164	T	S 0 2 T 0 3*																					
11	D 0 0 1	120	T	S 0 1 T 0 3*																					
12	D 0 0 2	20	T	S 0 1																					
13	F 0 0 4	133	T	S 0 1 T 0 3*																					
14	D 0 1 0																							Included with above	
15																									
16																									
17																									
18																									
19																									
20																								*see additional information -	
21																								Attachment I	
22																									
23																									
24																									
25																									
26																									

ARCO Chemical Co. ny
500 South Ridgeway Avenue
Glenolden, Pennsylvania 19036
Telephone 215 586 4700



Research & Development

March 24, 1981

Ms. Shirley D. Bulkin
U. S. Environmental Protection Agency
Region III
6th and Walnut Streets
Philadelphia, PA 19106

Dear Ms. Bulkin:

Attached please find the completed original form of the RCRA permit application, Part A, for the ARCO Chemical Company, Research and Engineering Center at Newtown Square (PAT 000607770).

Thank you for drawing this oversight to our attention. If you have any further questions, please contact me.

Sincerely yours,

Francis J. Greek
Services Supervisor

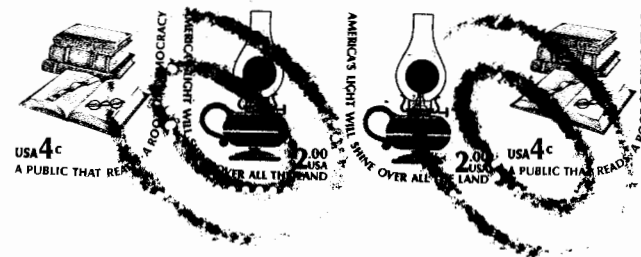
FJG:mrr

Attachment

ARCO Chemical Company



Phase II
R&D



Ms. Shirley D. Bulkin
U. S. Environmental Protection Agency
Region III
6th and Walnut Streets
Philadelphia, PA 19106

REGISTERED
NO. 944

RETURN RECEIPT
REQUESTED

()



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III.

6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # PAT 00 060 7770

February 3, 1981

Mr. Francis Creek
ARCO Chemical Company
Research & Engineering Center
3801 West Chester Pike
Newtown Square, PA 19073

Re: Acknowledgment of Application for
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

ARCO Chemical Company
500 South Ridgeway Avenue
Glenolden, Pennsylvania 19036
Telephone 215 586 4700



E. C. Capaldi
Administrative Manager
Research & Development

November 10, 1980

U. S. Environmental Protection Agency
Region III
Post Office Box 1480
Philadelphia, Pennsylvania 19107

Gentlemen:

Subject: RCRA - Permit Application - Part A

Enclosed please find Part A of our RCRA permit application. This application covers the storage of hazardous wastes from our chemical research laboratory located in Newtown Square, Pa. There are no commercial chemical manufacturing operations located at this facility.

Please contact me if you have any questions regarding this submittal.

Very truly yours,

ECC:mrr

cc: J. E. Connor, Jr.
F. J. Greek
D. S. Smallwood
L. G. Gutterridge

ARCO Chemical Company

3801 West Chester Pike
Newtown Square, PA 19073
(215)353-4237



July 25, 1980

Regional Administrator
U. S. Environmental Protection Agency
Region III
P. O. Box 1480
Philadelphia, PA 19107

Subject: Notification of Hazardous Waste Activity


Dear Sir:

As specified by 40 CFR Part 262.12, attached is a completed "Notification of Hazardous Waste Activity" form for ARCO Chemical Company's new Research and Engineering Center at Newtown Square, Delaware County, Pennsylvania.

ARCO Chemical Company is currently consolidating various research operations to this location. We request issuance of an identification number for this facility.

Should additional information be required, please contact me.

Very truly yours,


J. C. Reid
Manager
Administrative Services

JCR/jpm
Attachment
CERTIFIED MAIL - RETURN RECEIPT REQUESTED

FORM 1 GENERAL		EPA U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Confidentiality Program (Read the "General Information" before starting)		EPA I.D. NUMBER PAD046538211	
II. FACILITY INFORMATION I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE PAD 04 653 8211 Arco Chemical Co. Research & Eng. Ctr.		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the instructions carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area or the left of the label space into the information that should appear), please provide it in the proper fill-in area below. If the label is complete and correct, you need not complete items I, III, V, and VI. However, V&F which must be completed regardless. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	

III. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parentheses following the question. Mark "X" in the box in the third column. If the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements, see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	PART A			SPECIFIC QUESTIONS	PART B		
	YES	NO	EXEMPT		YES	NO	EXEMPT
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)				E. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)				D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluents below the basement slabs containing, within one quarter mile of the well bore, underground source of drinking water? (FORM 4)			
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, spent fluids used for enhanced recovery of oil or natural gas, or spent fluids for storage of liquid hydrocarbons? (FORM 4)			X	H. Do you or will you inject at this facility fluids for geothermal processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X

IV. NAME OF FACILITY

1. **ARCO CHEMICAL CO RESEARCH & ENG. CTR.**

V. FACILITY CONTACT

2. **GREEK, FRANCIS SUPVR ADM SERV** 215 586 4700

VI. FACILITY MAILING ADDRESS

3. **3801 WEST CHESTER PIKE**
 4. **NEWTOWN SQUARE** PA 19073

VII. FACILITY LOCATION

5. **3801 WEST CHESTER PIKE**
 6. **NEWTOWN SQUARE** PA 19073
 DELAWARE

VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
7 2 8 6 0 (specify)	ORGANIC CHEMICALS		7 2 8 6 9 (specify)
INDUSTRIAL ORGANIC CHEMICALS (NOS)			
C. THIRD		D. FOURTH	
7 2 8 2 1 (specify)	PLASTICS AND SYNTHETICS		7 (specify)

VIII. OPERATOR INFORMATION

A. NAME		B. Is the name listed in Item VIII-A also the owner?	
8 A R C O C H E M I C A L C O D I V A T L R I C H F I E L D C O		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate code)		PHONE (area code & no.)	
F - FEDERAL S - STATE P - PRIVATE M - PUBLIC (other than fed) O - OTHER (specify)		2 1 5 3 5 9 2 0 0 0	
E. STREET OR P.O. BOX			
3 8 0 1 W E S T C H E S T E R P I K E			
F. CITY OR TOWN		G. STATE	H. ZIP CODE
B N E W T O W N S Q U A R E		P A	1 9 0 7 3
		IX. INDIAN LAND Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
9 N		9 P	
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
9 U		(specify)	
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
9 R		S E E A T T A C H E D (specify)	
		P E R M I T S L I S T I N G	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Research and Engineering facility. Pilot plants and laboratory facilities are the source of chemical wastes.

No commercial chemical manufacturing facilities are located at this site.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
J. E. Connor, Jr., Vice President Research & Development	<i>J. E. Connor</i>	11/14/82

COMMENTS FOR OFFICIAL USE ONLY

C	
---	--

RESPONSE TO QUESTION X
EXISTING ENVIRONMENTAL PERMITS

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES

Bureau of Air Quality and Noise Control

Permits issued in accordance with the Pennsylvania Air Pollution Control Act and with Chapter 127 of the rules and regulations of the Department of Environmental Resources:

<u>PLAN APPROVAL NO.</u>	<u>SOURCE</u>
23-302-076	Watertube Boiler No. 1
23-302-078	Watertube Boiler No. 2
23-302-079	Watertube Boiler No. 3
23-301-086	Solid Waste Incinerator

Division of Solid Waste Management

Permit issued in accordance with Section 7 of Pennsylvania Solid Waste Management Act:

<u>PERMIT NO.</u>	<u>FACILITY</u>
400401	Solid Waste Incinerator

Bureau of Water Quality Management

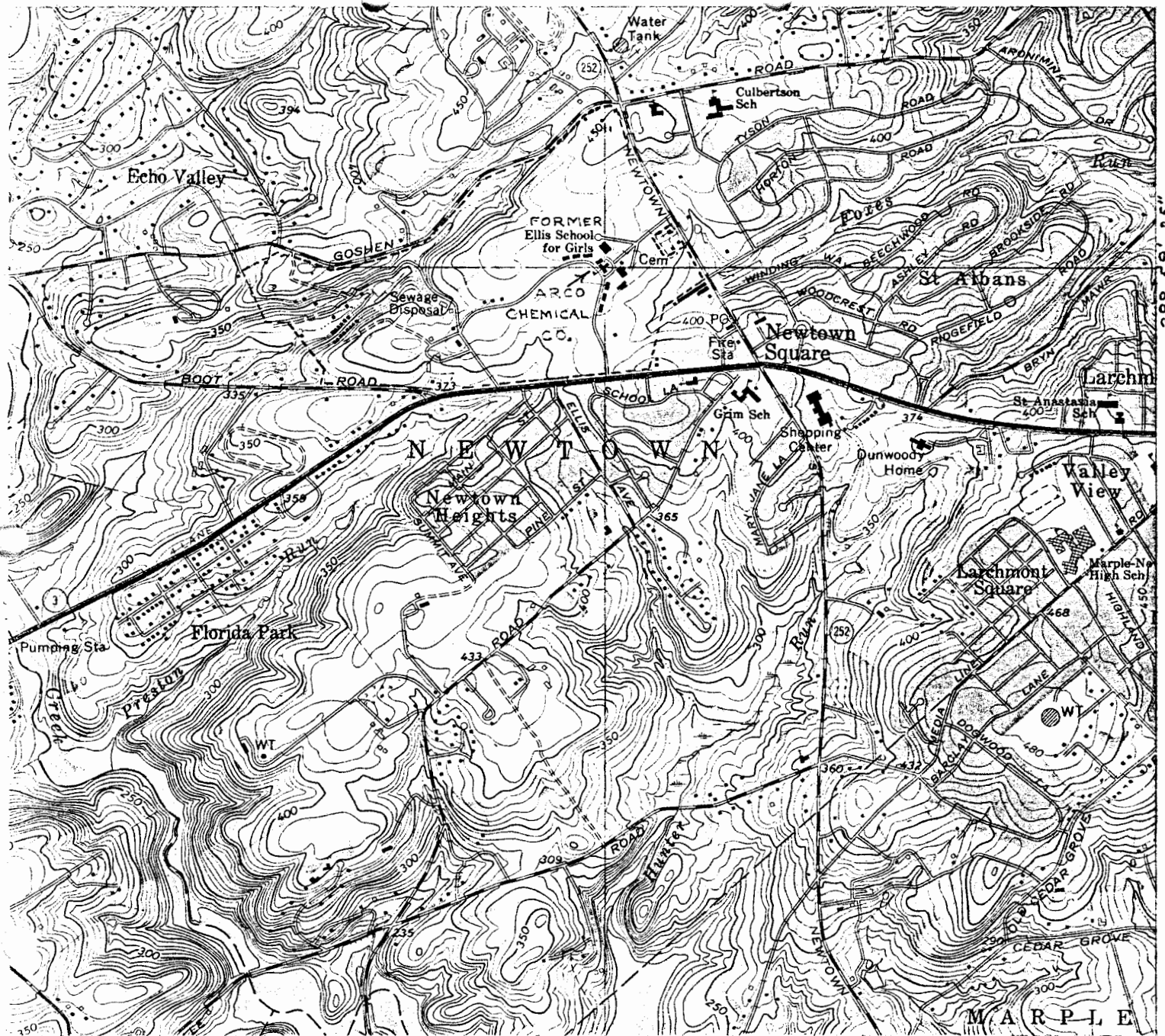
Permit issued in accordance with Pennsylvania Clean Streams Law and Water Obstruction Act:

<u>PERMIT NO.</u>	<u>TYPE</u>
2378801	Erosion and Sedimentation Control Permit

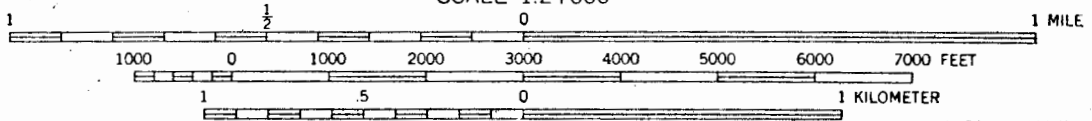
DELAWARE COUNTY REGIONAL WATER QUALITY CONTROL AUTHORITY

Wastewater discharge permit:

<u>PERMIT NO.</u>	<u>TYPE</u>
47-1	Discharge to POTW



75° 24' 31"
SCALE 1:24000



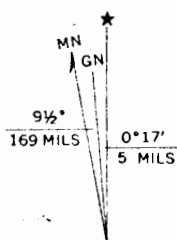
CONTOUR INTERVAL 10 FEET
DATUM IS MEAN SEA LEVEL

MEDIA QUADRANGLE
PENNSYLVANIA

7.5 MINUTE SERIES (TOPOGRAPHIC)
NW/4 CHESTER 15' QUADRANGLE

Mapped, edited, and published by the Geological Survey

LOCATION MAP



UTM GRID AND 1966 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET

ARCO Chemical Company
Division of Atlantic Richfield Company
RESEARCH & ENGINEERING
3801 WEST CHESTER PK., NEWTOWN SQ., PA. 19073



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
6TH AND WALNUT STREETS
PHILADELPHIA, PENNSYLVANIA 19106

SEP 30 1983

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Mr. J. E. Connor, Jr.
Vice President
Research and Development
Arco Chemical Company
Research and Engineering Center
3801 West Chester Pike
Newtown Square, Pennsylvania 19073

Re: EPA Identification Number: PAD 04 653 8211
Facility Name: Arco Chemical Company

Dear Mr. Connor:

This letter constitutes a formal request for Part B of your application for a hazardous waste management facility permit under the Resource Conservation and Recovery Act (RCRA) for the facility referenced above. This request is made under the authority of regulation 40 CFR §270.

Under Federal requirements, an existing interim status facility that has been requested by EPA to submit a Part B is allowed at least six months to submit the required data to EPA. EPA then has 60 days from the date of receipt of a Part B submittal in which to notify the facility whether or not the application is complete. If it is not complete, EPA issues a Notice of Deficiency advising the facility as to what must be submitted for the application to be determined complete. The facility then has 30 days in which to submit the required information; otherwise, it may be subject to an enforcement action and possible loss of interim status.

Enclosed for your reference is a list of the items which constitute Part B as applicable to your facility type. These items must be submitted by March 30, 1984. Please submit four copies of your Part B application. If any of this information is being submitted under a claim of confidentiality, please indicate this fact. Claims for confidentiality must be supported under the requirements of 40 CFR Part 2.

Should you have any questions about these requirements, please contact Mr. Robert J. Blaszczyk at (215) 597-8116 or at the address shown above.

Sincerely yours,



Stephen R. Wassersug, Director
Air and Waste Management Division

Enclosure: List of Part B Requirements
Part 264 Standards

cc: PA Dept. of Environmental Resources

Arco Chemical Co.
 P.D. 04653
 Activity 5211

INFORMATION
 IS CONTAINED

<u>For Existing Facilities</u>	<u>Date Initiated</u>	<u>Date Completed</u>	<u>Project Officer</u>	<u>Comment</u>
Part A received	11/19/80			
Part B requested	9/30/83			
Part B received				
<u>New Facilities Only</u>				
Part A and B Received Completeness Determinations made and project decision schedule mailed out for new major facilities				
<u>All Facilities</u>				
Reviewed for required information (against checklist on Part B contents				
Requested additional information				
Received more data required to make permit issuance decisions				
Additional information requested				
Additional information received				
Letter sent confirming submission of complete application				
Public Notice of draft permit or intent to deny published				
Public comments due				
Public comments forwarded to administrative record				
Public Hearing requested				
Public Hearing held				
Permit Issued/Denied				



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES

1875 New Hope Street
Norristown, PA 19401
215 631-2420



February 16, 1983

Mr. Francis Greek
Manager of Personnel and Site
ARCO Chemical Company
Research and Engineering Center
3801 West Chester Pike
Newtown Square, PA 19073

Re: EPA Identification No. PAT 000607770
Facility Name: ARCO Chemical Company
Research and Engineering Center
3801 West Chester Pike

Dear Newtown Square, PA 19073:

This letter constitutes a formal request for Part B of your application for Hazardous Waste Management Facility Permit under the Hazardous Waste Management Regulations, 25 PA Code Chapter 75, Subchapter D, for the facility referred above. This request is made under the authority of Section 75.265(z)(6) of the regulations. You should refer to the hazardous waste management regulations that appeared in the Pennsylvania Bulletin dated September 4, 1982, which was recently mailed to you for the requirements of the Part B application. Your Part B application must be submitted no later than September 1, 1983. If there is information that is being claimed as confidential, indicate this according to the requirements of Section 75.265(z)(16).

If your facility is not a TSD (treatment, storage or disposal site), or if you stopped functioning as a TSD facility after November 19, 1980, or if you qualify under the Permit by Rule provision of the regulations, it will be necessary for you to contact one of our field offices, and to arrange for an inspection to confirm this. Our field offices and the areas covered are the Bethlehem Office, phone number 861-2070, covering Berks, Lehigh and Northampton Counties; and the Norristown Office, phone number 631-2420, covering Philadelphia, Bucks, Chester, Delaware and Montgomery Counties.

If you functioned as a TSD after November 19, 1980, it will be necessary for you to submit four copies of a closure plan to Mr. Bruce Beitler of this office.

Enclosed are reference checklists for your Part B application that are to be used to insure your application contains the minimum information required. These checklists are to be used to assist you in your Part B application and our subsequent review, although the checklists are not a substitute for reviewing and addressing the hazardous waste regulations themselves. Because you may be anticipating additional facilities at your location, we have included checklists for every type of facility covered by the Department requirements. Please use only those checklists that apply to the types of facilities for which you are making application.

Your Part B application will be reviewed for a hazardous waste management TSD Permit by both the U. S. Environmental Protection Agency and the Department of Environmental Resources until the Commonwealth of Pennsylvania receives Phase II Interim Authorization under the RCRA Program to solely administer a permitting program.

You should submit the Part B application to both agencies for their concurrent review. This would require that the hazardous waste requirements under Pennsylvania regulations as well as the hazardous waste management requirements under the Federal program would have to be addressed.

When completed, please transmit your application and five copies (or seven copies if there is an incineration facility) to our office, and if you have any questions or desire to have a pre-application conference, please contact Mr. Lawrence H. Lusk, Solid Waste Facilities Supervisor, at the letterhead address, or by calling 215 631-2420.

Very truly yours,

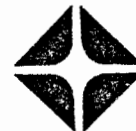
WAYNE L. LYNN
Regional Solid Waste Manager

Re P770

ENCLOSURE

ARCO Chemical Company
3801 West Cl  er Pike
Newtown Square, Pennsylvania 19073
Telephone 215 359 2013

RECEIVED
Facilities Management Section



AUG 16 1983

U.S. EPA, Region III

F. J. Greek

August 11, 1983

Mr. Wayne L. Lynn
Regional Solid Waste Manager
Commonwealth of Pennsylvania
Department of Environmental Resources
1875 New Hope Street
Norristown, Pennsylvania 19401

Re: ARCO Chemical Company
I. D. No. PAD 046 538 211

Dear Mr. Lynn:

This letter acknowledges receipt of correspondence dated February 16, 1983 from the Bureau of Solid Waste Management requesting submission of our Part B permit application for a drum storage area. Our original application (Part A) was submitted to obtain Interim Status for operation of a drum storage area where both hazardous and non-hazardous chemical wastes are accumulated for subsequent shipment off-site for treatment or disposal.

After careful consideration, we have determined that it is not necessary to store hazardous waste material on-site for longer than 90 days. Therefore, we will not be submitting a Part B application for the drum storage area.

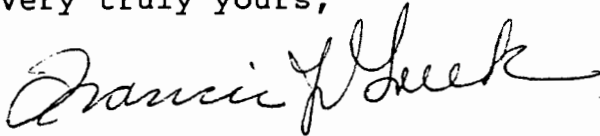
Effective September 1, 1983, we request that further processing of our application be terminated. In the interim, we will arrange for shipment of accumulated hazardous wastes in storage and revise facility administrative procedures to ensure compliance with the provisions of 25 Pa. Code Chapter 75, Section 75.262.

Mr. Wayne L. Lynn
August 11, 1983
Page 2

We also request that your files on our facility be updated to reflect a change in our identification number assigned by EPA, Region III. Effective April 1, 1982, Identification No. PAD 046 538 211 was assigned to this facility which replaces PAT 000 607 470.

Should you have any questions, please contact me at
(215) 359-2013.

Very truly yours,



Francis J. Greek
Manager, Facility Services

FJG/jcb

cc: Pennsylvania Department of Environmental Resources
Bureau of Solid Waste Management
Division of Hazardous Waste
P. O. Box 2063
Harrisburg, PA 17120

Ms. Shirley D. Bulkin, Chief (3EN24)
RCRA Administrative Support Section
Permit Enforcement Branch
U. S. Environmental Protection Agency
Region III
6th & Walnut Streets
Philadelphia, PA 19106

[GREEK/DER.1]



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

⁺ PAD004528211

04/05/96

INSTALLATION ADDRESS

ARGO CHEMICAL CO RED
3801 WEST CHESTER PIKE
NEWTOWN SQUARE, PA 19073
RITA SAMMONS ENV SUPT

3801 WEST CHESTER PIKE
NEWTOWN SQUARE, PA 19073